

**PROTOCOL CODE: BRLAPNACG**

**DOCTOR'S ORDERS**

Ht \_\_\_\_\_ cm Wt \_\_\_\_\_ kg BSA \_\_\_\_\_ m<sup>2</sup>

**REMINDER:** Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

**DATE:** \_\_\_\_\_ **To be given:** \_\_\_\_\_ **Cycle #:** \_\_\_\_\_

Date of Previous Cycle: \_\_\_\_\_

**Number of PACLitaxel doses completed to date:** \_\_\_\_\_

Delay treatment \_\_\_\_\_ week(s)

**CBC & Diff** day of treatment \_\_\_\_\_

May proceed with doses as written for PACLitaxel NAB portion if labs done within 72 h: **ANC greater than or equal to  $1.5 \times 10^9/L$ , platelets greater than or equal to  $100 \times 10^9/L$ , total bilirubin less than or equal to 1.5 times the upper limit of normal, AST or ALT less than or equal to 10 times the upper limit of normal**

May proceed with doses as written for AC portion if labs done within 72 h: **ANC greater than or equal to  $1.0 \times 10^9/L$ , platelets greater than or equal to  $100 \times 10^9/L$**

Dose modification for:  **Hematology**  **Other Toxicity** \_\_\_\_\_

Proceed with treatment based on blood work from \_\_\_\_\_

**PREMEDICATIONS:** Patient to take own supply. RN/Pharmacist to confirm \_\_\_\_\_.

For cycles with DOXOrubicin and cyclophosphamide:

**dexamethasone**  **8 mg** or  **12 mg** (select one) PO 30 to 60 minutes prior to AC treatment and **select ONE** of the following:

<input type="checkbox"/>	<b>ondansetron 8 mg</b> PO 30 to 60 minutes prior to AC treatment
<input type="checkbox"/>	<b>aprepitant 125 mg</b> PO 30 to 60 minutes prior to AC treatment <b>ondansetron 8 mg</b> PO 30 to 60 minutes prior to AC treatment
<input type="checkbox"/>	<b>netupitant-palonosetron 300 mg-0.5 mg</b> PO 30 to 60 minutes prior to AC treatment

**Other:** \_\_\_\_\_

**TREATMENT:**

**CYCLE #** \_\_\_\_\_

**PACLitaxel NAB  $260 \text{ mg/m}^2 \times \text{BSA} =$  \_\_\_\_\_ mg**

Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg

IV over 30 minutes (in empty sterile PVC, non-PVC or non-DEHP bag and tubing; use tubing with **15** micron filter)

**Pharmacist to select dose band per last page of PPO. Complete table below (please print)**

<b>Drug</b>	<b>Dose Band (mg)</b>	<b>Pharmacist Initial and Date</b>
PACLitaxel NAB		

**\*\*\* SEE PAGE 2 FOR AC TREATMENT CYCLES \*\*\***

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**

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DATE:

**TREATMENT:** (Continued)

OR

CYCLE # \_\_\_\_\_

**DOXOrubicin 60 mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg**

Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg  
IV push

**cyclophosphamide 600 mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg**

Dose Modification: \_\_\_\_\_ % = \_\_\_\_\_ mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg  
IV in NS 100 to 250 mL over 20 to 60 minutes

**RETURN APPOINTMENT ORDERS**

Return in **three** weeks for Doctor and Cycle \_\_\_\_\_. (For PACLitaxel NAB treatment and first cycle of AC)

Return in **two** weeks for Doctor and Cycle \_\_\_\_\_. (For AC treatment)

Book filgrastim (G-CSF) **subcutaneous** teaching and first dose on Cycle: \_\_\_\_ Day: \_\_\_\_

Last Cycle. Return in \_\_\_\_\_ week(s)

**Cycles 1 to 4:**

**CBC & Diff, total bilirubin, ALT, creatinine** prior to each treatment

**Cycles 5 to 8:**

**CBC & Diff** prior to each treatment

If clinically indicated:  GGT  alkaline phosphatase  urea

If clinically indicated, for cycles 5 to 8:  total bilirubin  ALT  creatinine

MUGA  echocardiogram

Other tests:

Consults:

See general orders sheet for additional requests.

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**UC:**

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**PACLitaxel NAB DOSE BANDING TABLE**

Ordered Dose (mg)		Rounded dose (mg)
From:	To:	
Less than 96		Pharmacy prepares specific dose
96	104.49	100
104.5	108.49	105
108.5	115.49	110
115.5	125.49	120
125.5	135.49	130
135.5	145.49	140
145.5	155.49	150
155.5	165.49	160
165.5	177.49	170
177.5	190.49	185
190.5	210.49	200
210.5	230.49	220
230.5	250.49	240
250.5	270.49	260
270.5	286.49	275
286.5	314.49	300
314.5	329.49	315
329.5	344.49	330
344.5	362.49	345
362.5	388.49	370
388.5	419.49	400
419.5	439.49	420
439.5	459.49	440
459.5	479.49	460
479.5	499.49	480
499.5	524.49	500
524.5	566.49	540
566.5	596.49	580
596.5	630.49	600
630.5	683.49	650
More than 683.49		Pharmacy prepares specific dose